Capital Region RPC: HARP/HCBS/Health Home Ad Hoc Work Group
February 9th, 2021, 1-2PM

1. **Introductions:** (Name, agency/organization, title, identify if HARP, HCBS provider/services providing, or Health Home): Colleen R- Please put your name in chat box for attendance purposes if you are calling in or your log in does not reflect your name- attendance will be pulled from participant list

2. **RPC Updates:**
   - Open Discussion: B. Kotary- Check in on current state, telehealth working in some ways, number show we're providing more services and reaching more people but there is a downside, any feedback or anyone trying to meet in person? A. Pierro- We are still doing some in person but its limited, our county experienced a spike so we cut back in person contacts, trying to meet in person for those that want it, trying to work with community partners to use space so that we can accommodate social distancing. B. Kotary- Some staff able to get vaccinated, not sure how that may change things moving forward, are others having people get vaccinated? A. Pierro- We do have some that we were able to get vaccinated, I don't think we have anyone in the middle of the process right now, but maybe half of the staff have completed the vaccination cycle, we are waiting for opportunities to get more staff vaccinated. D. Luczak- We've have quite a few staff able to get vaccinated at Unity House as well as clients/consumers. B. Kotary- We are trying to track who actually wants a vaccine as well as there is a decent amount of our participants who are saying they don't want to get vaccinated for whatever reason, any updates on who's accepting referrals or care managers ability to make referrals? D. Luczak- Unity House RCA program is closed, not a lot of people were accessing. T. Rheingold- Question for Unity House- having challenges making referrals there, told their services was under review, any updates about future referrals? D. Wissenbach- Unity House is requesting to de-designate as an HCBS provider, in the middle of process, has not happened yet. M. Waskiewicz- Northeern Rivers- currently have active CPST provider that were accepting referrals for, looking for provider to fill CSR, do have ability to accept more referrals, in process of hiring, hiring process going ok, applications stopped coming in January, refreshed postings, hoping to get someone in and able to take referrals quickly, would be mostly for Albany, Schenectady and Saratoga area. B. Kotary- Any other regional updates, if not move forward to presentation from OMH on transition to CORE services.

3. **Transition to CORE:**
   - OMH Updates: Tina L-Smith-What we have to date- talking points, things still in flux, state has not received approval yet for CORE services, we're working toward providing a more specific time frame timeline, looking to begin to transition around late spring early summer and we hope to have an exact date announced soon, working to develop a transition plan with State partners, to allow us to remove the hcbs final rule requirements, including the eligibility assessment plan of care and excluded settings rule, first piece of the transition is to remove hcbs requirements upfront that includes removing prior and concurrent authorizations so those will be suspended, continuity of care continuities continues to be important it's critical that providers continue to accept referrals and ensure continuity of care for your members, tentative LPHA license practitioner the healing arts qualifications that we are proposing to cms to include you know the LPHA qualifications that those people that can perform the LPHA recommendation, the sign off would be MD/DO's, PA, NP, RN, LMHC, LMFT, LCAT, psychologists, psychoanalysts, LCSW, LMSW with appropriate supervision, strongly encouraging providers to identity those within org that can do this work, will make intake process much more streamlined, tentative Supervisor qualifications all LPHAs outlined, limited permit holders, CRC and CASAC level 2's, most services require professional supervision, never been well defined, case consultation, referral to alternative services, risk management and addressing any health/safety concerns, if member not making

progress or needs additional interventions, can use task or administrative supervision, clinical supervision for core services includes case consultation to address individuals with increasing psychiatric needs, referral to alternative services, risk management and addressing any other health and safety concerns, clinical supervisors will also provide assistance to staff, if an individual is not making expected progress or their support is needed to adjust their interventions, providers would have the option to also use administrative or task supervision, in addition to clinical supervision, would allow agencies and program to use discretion in setting minimum requirements and create a career ladder for certified peers, for casac's and other unlicensed behavioral health staff, Administrative or tasks supervisors can provide daily supervision, such as program coordination chart reviews and coaching and mentoring of staff, the one to 20 caseload ratio that was used for that that is currently in place for hcbs will be eliminated- clinical supervisors will have discretion in balancing the cases of staff, based on person centered needs of the folks on your caseload, implementation training is will be offered it it's going to be provided through MCTAC, trainings will be live and recorded for future viewing training topics will include a detailed review of the phase transition, service specific webinars to look in depth at the service definitions and components, LPHA recommendation and medical necessity documentation requirements as well as required training for staff, we'll be updating the staff training memo to reflect new training requirements, including training and evidence based practices like individual placement and support, we are incorporating a plan to provide feedback and developing guidance for the infrastructure program extension, this funding will be available through contracts to support the transition to core services and there's not any new funding it's the funding that was made available maybe two three years ago, and anything that hasn't been expended to date infrastructure contracts are competitive and not every providers guaranteed to receive a funding the goal of the state is to ensure as widespread of a distribution as possible, the contracts can cover a variety of expenses, as long as it's related to the transition and implementation of core so that would include hiring staff salary fringe benefits, development of a referral network and new marketing materials outreach, tele health infrastructure, if you can make a good case that it is aligned with CORE services and delivering core to your to the individuals who serve you know make as best the case as possible to your contracted plans. 3:30-4:30 MCTAC webinar this afternoon that will cover much of this, able to ask questions. N Haggerty- Doing talking points as this are constantly changing and evolving, webinar will put things in writing in detail to show providers what transition will look like, giving all details we can ahead of time, still waiting on CMS approval, can't reiterate enough, continue to get people through process otherwise won't have any providers when we make this transition, something we will go over in detail, rate changes, tentative dates, in more detail. M. Waskiewicz- Will medical necessity need to be signed before the intake, before we can go out and meet the client, do those documents need to be signed before we do an intake? K. Merrill- Looking at allowing some upfront engagement, set number of evaluation sessions yo will have to meet with the person, figure out what their goal is, referrals won't necessarily come with goal, so you'll have time to get to know then and that when you will get the recommendation, will be some room for clinical discretion, may not even need face to face but there will be a timeframe or number of sessions included in the guidance, as few barriers as possible, think that upfront engagement is critical, don't want to impede referral flow. B. Kotary- Sometimes are getting referrals for people that weren't actually eligible or there's problems with insurance, so if we are doing intakes before we have much information, how do we know for sure that person is eligible for services and everything with their MCO is set? K. Merrill- One pager LPHA form is simple, could be completed by anyone, like care coordinator, anyone with access to case record, part 1 of form you just confirm their code, so you're checking their HARP enrollment status, however you operationalize that, you would be confirming an H code, still will use H codes, will be phasing out H3, H5 later in the transition, you'll want to look for someone with an H1 or H4 meaning they are HARP enrolled or HIV enrolled and HARP eligible, you still see for the people who are eligible and not enrolled and those individuals that will need to become enrolled in order to get services so you will still be checking those codes, we will be walking through timeline for implementation this afternoon, hoping by May 1 to have those documents out to providers

- Training Opportunity- Posted training link for MCTAC's webinar on Transition to Core services this afternoon from 3:30-4:30. If anyone needs link re-sent please put name in chat or email Colleen. Requires account set up before being able to register.

4. **Other Updates:** Future Meetings & Open Floor: C. Russo- RPC Funding discussion, continuation and value of workgroup, agree that work should continue and are willing/able to continue to meet should the RPC no longer be involved in coordinating of meetings. R. Scrom- Great idea, possible to get a summary of what would like to see, perhaps some of the people on the call aren't the right people to participate, I may not be the right person because I provide oversight, someone working directly with members may be better, so having that information would be helpful. C. Russo- Yes, Brandy and I will be working on a plan for sustainability and provide that out to the workgroup, does anyone else have any input or anything else to report out to the group? D. Ferencz: We do trainings on things like employment wellness a lot of this. Not for consumer, but for the professional and a lot of it on how to talk about certain things like employment and benefits for the profession these are free for OMH licensed facilities, so these are things that would be just available for an OMH licensed facility, we can do this for you, for free, and you can choose whatever you're doing. And if you're in the capital district north or south good be getting me, I'm going to put the catalog In the chat box my email will also be there

2021 Scheduled Meetings
held via Zoom
~~February 9th, 1-2PM~~
May 11th, 1-2PM
August 10th, 1-2PM
November 9th, 1-2PM

Questions about this process can be answered by your RPC Coordinator:
Colleen Russo
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518-396-9413.